

Caren Levenson Assembly 22
 Name (print) Office (if applicable) District (if applicable)
2680 Copper Cove Dr. Henderson 89074 702-236-6358
 Mailing Address (include city and zip code) Telephone No.
 E-Mail Address 2CAN182

Select Appropriate Box(es) ☒ CANDIDATE ☐ PALE ☐ BAGS ☐ POL. BODY ☐ IND. EX. ☐ AMENDED

- ☐ **Report #1 — Due August 27, 2002**
 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002
 Office with a 4-year term Period: Dec. 20, 1998 — Aug. 22, 2002
 Office with a 6-year term Period: Dec. 6, 1996 — Aug. 22, 2002
BAGs only: Period: Dec. 7, 2000 — Aug. 22, 2002

- ☒ **Report #2 Due — October 29, 2002**
 Period: Aug. 23, 2002 — Oct. 24, 2002

- ☐ **Report #3 Due — January 15, 2003**
 Period: Oct. 25, 2002 — Jan. 3, 2003
BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

BALANCE

This figure should reflect the balance shown on your last Disposition of
 Unspent Contributions Report, or last Contributions & Expenses Report, if any 2366.41

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution
 of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- | | |
|--|-----------------------------|
| 1. Total amount of monetary contributions in excess of \$100 | <u>12,368.95</u> |
| 2. Total amount of monetary contributions of \$100 or less | <u>1,145.00</u> |
| Actual number of monetary contributions of \$100 or less | <u>21</u> |
| 3. Interest and income earned on contributions, if any | <u>- 0 -</u> |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) | <u>13,513.95</u> |
| 5. Total amount of In Kind Contributions | <u> </u> |

EXPENSES SUMMARY

- | | |
|---|-----------------------------|
| 6. Total amount of monetary expenses in excess of \$100 | <u>13,473.21</u> |
| 7. Total amount of monetary expenses of \$100 or less | <u>499.79</u> |
| 8. Expense for filing fee | <u> </u> |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8) | <u>13,973.00</u> |
| Remaining Balance (Subtract line 9 from 4) | <u>- 459.05</u> |
| 10. Total amount of In Kind Expenses | <u> </u> |

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Caren Levenson
 Signature

10/25/02
 Date Executed On

RECEIVED

2002 OCT 28 A 10:50

FOR OFFICE USE ONLY